

CHANGE OF STATUTORY AGENT'S ADDRESS DOMESTIC OR FOREIGN STATUTORY TRUST

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 Rev. 03/01/2001

| | | |
|---|---------------------------------|----------------------------|
| Space For Office Use Only | | Filing Fee: \$25.00 |
| 1. NAME OF STATUTORY TRUST: | | |
| 2. CURRENT AGENT NAME AND NEW ADDRESS INFORMATION: | | |
| Name of agent: | Business office address: | |
| | | |
| | Residence address: | |
| | | |
| 3. EXECUTION: | | |
| Dated this _____ day of _____, 20____. | | |
| | | |
| Print or type name of trustee | Signature of trustee | |